

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014123

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

Registration District No. 317
Primary Registration District No. 500
Registrar's No. 877
FILED APR 2 1963

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Koch, MoLength of stay in 1b
3-2/3 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Robert Koch HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri b. COUNTY St. Louis c. CITY St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 6329 Virginia (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Robert

Middle A.

Last Crigger

First

Middle

Last

4. DATE OF DEATH

Month 3

Day 10

Year 63

5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
2-29-129. AGE (last birthday)
51 yrs.IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Dormitory Supervisor10b. KIND OF BUSINESS OR INDUSTRY
Institutional11. BIRTHPLACE (City and state or country)
Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John Crigger

13b. MOTHER'S MAIDEN NAME

Etta Bau

14. NAME OF HUSBAND OR WIFE

Eleanor Crigger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

5

17. INFORMANT

Address

Records Koch Hosp., Koch, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Infarction

INTERVAL BETWEEN
ONSET AND DEATH
ImmediateConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Pulmonary Embolism

Immediate

DUE TO (c)

Thrombophlebitis

10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour s.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-7-59 to 3-10-63 and last saw him alive on 3-9-63
Death occurred at 3:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H.A. Harris (Degree or title) MD

22b. ADDRESS

Koch Hospital, Koch, Mo.

22c. DATE SIGNED

3-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
3-13-196323c. NAME OF CEMETERY OR CREMATORY
Mt. Olive Cemetery23d. LOCATION (City, town, or county) (State)
3900 Mt. Olive Road Lemay, Mo.24. FUNERAL DIRECTOR OR ADDRESS
G. Hoffmeister Mortuaries
7814 S. Broadway25. DATE RECD. BY LOCAL REG.
3-12-63

26. REGISTRAR'S SIGNATURE

John B. Murphy, Jr.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Linus C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address

7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.